

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
8/2/2004

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM5

☐ **Amendment** (Explain Below)

from 1/1/2004

through 6/30/2004

Date of election if applicable:
(Month, Day, Year)

3/2/2004

Page 1 of 4

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
981521

COMMITTEE/FILER'S NAME

Californians for Responsible Choices - a project of Planned Parenthood Affiliates of California

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Katherine Kneer

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 (916) 446-5247

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE		CHECK ONE	
			SUPPORT	OPPOSE
<u>NAME OF BALLOT MEASURE</u>	<u>BALLOT NO./LETTER</u>	<u>JURISDICTION</u>	SUPPORT	OPPOSE
<u>Proposition 56. Budget Accountability Act</u>	<u>56</u>	<u>Statewide</u>	<u>X</u>	

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
<u>2/24/2004</u>	<u>Teris Barnes Walters Political Media</u> <u>San Francisco, CA 94104</u>	<u>Mailer</u>	<u>\$21,878.61</u>	<u>\$21,878.61</u>
	<u>Commonwealth Communications, Inc.</u> <u>San Francisco, CA 94104</u>	<u>Mailer</u>	<u>\$0.00</u>	<u>\$0.00</u>
	<u>Zebra Graphics, Inc.</u> <u>San Francisco, CA 94124</u>	<u>Mailer</u>	<u>\$0.00</u>	<u>\$0.00</u>

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
8/2/2004

CALIFORNIA
FORM **465**

from 1/1/2004

through 6/30/2004

Date of election if applicable:
(Month, Day, Year)

3/2/2004

Page 2 of 4

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM5

☐ Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
	K/P Corporation San Leandro, CA 94578	Mailer	\$00	\$00
2/24/2004	U.S. Postmaster Sacramento, CA 95814	Mailer	\$8,353.40	\$8,353.40

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	1/1/2004	
through	6/30/2004	Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Responsible Choices - a project of Planned Parenthood Affiliates of California

I.D. NUMBER (If recipient com.)

981521

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.).....	\$30,232.01
2. Total independent expenditures under \$100 made this period. (Not itemized.).....	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)..... TOTAL	\$30,232.01

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

Los Angeles County Registrar Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Norwalk CA 90650

3) NAME OF FILING OFFICER

Sacramento County Registrar of Voters

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95827

4) NAME OF FILING OFFICER

San Francisco County Registrar Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94102

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/2/2004
DATE

Executed on 8/2/2004
DATE

Executed on
DATE

Executed on
DATE

By Alois Alois Alois Alois
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Alois Alois Alois Alois
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT